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Bib Data Sheet

CONFIRMATION NO. 4000

SERIAL NUMBER	FILING OR 371 (c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET
10/725,560	12/03/2003 RULE	602	3772	SIGU3005/JE

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/437,146 12/31/2002 and claims benefit of  
 60/482,775 06/27/2003

and claims benefit of 60/503,546 09/17/2003

and claims benefit of 60/518,317 11/10/2003

*IK*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*Nhu h*  
 IF REQUIRED, FOREIGN FILING

LICENSE GRANTED \*\* 02/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ICELAND	SHEETS DRAWING 10	TOTAL CLAIMS 18	INDEPEN CLAIM 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

23364

## TITLE

Wound dressing

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Process Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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